

working order, though not full with paying patients. The work of laying out the grounds is being performed by male patients and attendants. It will meet the need of those unable to pay the high rates of private asylums.

REQUEST TO BIRMINGHAM INSTITUTIONS.

The trustees of the late Mrs. Poncia have allocated £500 to each of the following institutions: Children's Hospital, Eye Hospital, Orthopaedic and Spinal Hospital, Ear and Throat Hospital, Dental Hospital, General Dispensary, Lying-in Charity, Nursing Association, Moseley Hall Convalescent Home; and £200 to each of the following: Women's Hospital, Skin and Urinary Hospital, Birmingham and Midland Counties Sanatorium.

South Wales.

NEW ISOLATION HOSPITAL.

A new isolation hospital was opened on August 18th, midway between Llantrisant and Tonyrefail, erected by the Llantrisant and Llantwit Fardre Rural District Council, the ceremony being performed by Mrs. Godfrey Clark (Talgarn). Mr. Evan John, J.P., presented Mrs. Clark with a gold key, a gift which she gracefully acknowledged in a few words. She then declared the institution open to the public. Subsequently, at the invitation of Mrs. Clark, all present sat down to luncheon. Among the guests were Dr. T. H. Morris, C.C., Chairman of the Education Committee of the Glamorgan County Council; Dr. W. N. Davies, Medical Officer of Health; D. Naunton Morgan, F.R.C.S.I. (Gillfach Goch); Mr. Gower Morgan, the Council's engineer; and Mr. Spicket, Clerk to the Council; and Alderman E. H. Davies, J.P., of Pentre; there was also present a number of the members of the Rural District Council. Alluding to the hospital, Mr. Clark referred in glowing terms to their engineer, Mr. Gower Morgan, who had designed the hospital and superintended its construction. Replying to the toast of his health, Mr. Gower Morgan gave the following details of the institution: The buildings consist of five blocks, and are on an ideal site, situated 500 ft. above sea level, the ground sloping from north-east to south-west. On the left of the entrance is the administrative block, which is capable of providing accommodation for double the present arrangements. The laundry block is on the right side of the entrance, and includes space for the ambulance, the infected goods room, disinfected goods room, and washing rooms. It is fitted up with steam laundry plant, and in this block the whole of the hot water required throughout the institution is heated. The pavilion block contains eight beds, and is capable of being used for twelve beds. A feature of the institution is the position of the mortuary, which is effectually screened off from the other buildings. The sanitary arrangements are of the most modern type throughout and a steam disinfecter (Equifex) is also provided.

CORRESPONDENCE.

PUERPERAL MORBIDITY.

SIR,—For the last five months, following the address of Dr. Peter Horrocks on the Midwifery of the Present Day, the old and familiar contest concerning the best method of conducting cases of midwifery has been waged in your columns. The disputants have been mainly divided into those who hold with Dr. Horrocks that some 90 per cent. of cases of midwifery are normal and do not need any assistance from the attendant, and those who are apostles of what they term "advanced" midwifery, under which title they frequently make use of forceps to deliver the baby.

These two methods are so strikingly opposed, that it seems strange that there is no manner by which preference between the two can be made. A dispute concerning such divergent practices is scarcely profitable unless it admits of arguments which are more convincing than individual cases, personal prejudices, or theoretic deductions. I cannot but think that this discussion will only be limited by the patience of the Editor, unless some common basis, by which to measure the success of the different methods, is adopted. In this discussion

the basis tacitly admitted by both parties has been one of mortality. I have already urged at the Leicester meeting of 1905 the futility of thus estimating success. I then pointed out that one hundred years ago at the Rotunda Hospital the mortality of certain individual years actually compared favourably with that of the present time. All available evidence, however, goes to show that the morbidity was disastrously high, and, when groups of 10,000 confinement cases of that date and this are compared, the mortality was enormously greater. It is for these reasons that I can see no final issue to this discussion, unless a mortality standard is discarded and a morbidity standard substituted.

Fortunately we have an authoritative definition of morbidity laid down by the British Medical Association in 1906. A case is to be classed as morbid if the temperature, taken with a half-minute thermometer for three minutes in the mouth about the hours of 8 a.m. and 5 p.m., rises twice to 100° F. between the second and eighth day. The unstable period of the first twenty-four hours after the birth of the child is not taken into account.

The advocates of "advanced" midwifery may object that a general practitioner has not time to visit his patient twice a day in order to fulfil the above requirements. I fully sympathize with this objection, but feel that men who cannot make accurate observations have not a full right to oppose those who can. In the Rotunda Hospital during the year 1905, 1,904 confinement cases were conducted and their success measured by the British Medical Association standard of morbidity. They showed a morbidity of 8.5 per cent. If practitioners interested in this subject will abstain from further controversy until they have observed a series of 100 cases, as a minimum, based on the British Medical Association standard, and if they can then show better results than ours, it will behove us to carefully reconsider our position.

The advocates of "advanced" midwifery may also object that trifling morbidity is of no importance. But I hold it as proved that a raised temperature is a sign of an abnormal state of health, and the more perfect technique incurs fewer such cases of abnormal health. I am not of the opinion that the decrease of the period of suffering due to the application of forceps in any way compensates for a later infection of pathogenic organisms; and I look forward to a time when, by a strict comparison of results such as I have advocated, obstetricians will perforce agree to be the servants rather than the patrons of Nature.—I am, etc.,

E. HASTINGS TWEEDY,
Master, Rotunda Hospital.

Dublin, Aug. 15th.

THE PREVENTION OF DIFFICULT LABOUR.

SIR,—Throughout this discussion I have not noticed any reference as to the supposed influence of special dietary or limitation of diet during pregnancy on the prevention of difficult labour, in so far as these tend to diminish the size and weight of the fetus. Also, with the exception of a few lines in Webster's *Obstetrics*, I have not seen any reference whatever in recent works on obstetrics to this most important subject.

Prochownik is stated to have obtained very successful results by limitation of and special diet, and Paton is reported to have had favourable results in the case of guinea-pigs.

I should very much like to know the opinion of some obstetrical hospital authorities and also of general practitioners who have had practical experience of the methods described.—I am, etc.,

August 18th.

CONJUGATE.

GOAT'S MILK FOR INFANTS.

SIR,—In the *Daily Telegraph* for August 15th the following report appeared:

GOAT'S MILK FOR INFANTS.

Yesterday, at the Battersea Coroner's Court, Mr. John Troutbeck held an inquest on the body of Tomasso Camminillo, aged 7 months, son of an ice-cream vendor, living in Sheepcote Lane, Battersea. . . . It appeared that the child, which weighed only a little over 4 lb., had been fed for six months on goat's milk, and the father explained that he resorted to this because he considered it lighter than cow's milk. Dr. Freyberger said death was due to malnutrition. Goat's milk was worse than skimmed milk, and did not contain sufficient

fat or sugar. A verdict of "Death from natural causes" was recorded.

It would be interesting to know where Dr. Freyberger obtained the analysis which enabled him to state on oath that "goat's milk was worse than skimmed milk, and did not contain sufficient fat or sugar."

Turning to Stevenson and Murphy's *Treatise on Hygiene and Public Health*, I find the percentage constituents of human, cow's, and goat's milk given as follows:

Milk.	Total Solids.	Pro- teids.	Fats.	Lactose or Milk Sugar.	Salts.	Water.
Human	12.59	2.29	3.78	6.21	0.31	87.41
Cow's	12.83	3.55	3.69	4.88	0.71	87.17
Goat's	14.29	4.20	4.78	4.46	0.76	85.71

whereas the composition of skimmed milk is given as proteids 4.03, sugar 4.04, fat 1.09, and water 90.12 (pp. 427 and 436, vol. i).

On reference to Pavy's *Treatise on Food*, 2nd edition, p. 185, we find the statement that:

"The milk of the cow . . . the most closely approximates to that of woman, but is rather more highly charged with each kind of solid constituent. Next follows the milk of the goat, which, taken altogether, is again rather richer."

These references are, I think, quite sufficient to prove what I had hitherto believed was a matter of common knowledge—namely, that goat's milk is rich in all the constituents of a perfect food, and not to be compared to skimmed milk as a form of nourishment.

That it is also a useful food for children is shown by the following extract from Dr. Eustace Smith's classical book, *The Wasting Diseases of Infants and Children* (sixth edition, pp. 43, 44):

"With some children, in spite of all possible precautions, cow's milk, however carefully it may be prepared and administered, cannot be digested. . . . In such cases, if there are objections to a wet nurse, recourse must be had to the milk of some other animal, and preference should be given to a milk which contains a smaller proportion of casein than that found in the milk of the cow, such as goats' or asses' milk."

The milk, it is true, has an unpleasant smell; but the sense of smell is not well developed in children (Holt's *Diseases of Childhood*, p. 27), and infants do not appear to mind the disagreeable odour.

Dr. Freyberger must be little interested in preventive medicine, or he would have gathered from the many papers on Malta fever which have appeared during the past few months that in Malta the *only* milk available is goat's milk.

As a practitioner specially interested in medical jurisprudence I have always, for the sake of scientific accuracy, advocated the employment of specially skilled persons in medico-legal work, and one must therefore hope that Dr. Freyberger's evidence is incorrectly reported, in which case he will have a well-founded grievance against the newspapers.—I am, etc.,

R. J. BLACKHAM, D.P.H., R.C.P.S.Lond.,

Aug. 17th.

Captain, R.A.M.C.

THE REGISTRATION OF NURSES.

SIR,—Seeing that I am situated on the uttermost outskirts of the controversy in regard to the proposed registration of nurses, I write this letter with the greatest diffidence.

I believe that one of the chief reasons why a great number of medical men are so strongly opposed to registration of nurses is that as a result of registration a number of nurses would be able by degrees, if they wished, to form a sort of "practice" for themselves, and so take work out of the hands of the general practitioner.

For, supposing for instance a nurse to be living in a country district, she could allow it to become very well known that she is a "qualified nurse," and the result is bound to be that by degrees she will be called to see various children, and, later on, adults, for minor ailments such as the doctor would have otherwise been called to see.

It seems to me, therefore, that a system of registration

is required which, while giving the nurses their proper status in relation to the public, in relation to the lay woman who dons a nursing uniform and calls herself "nurse," and in relation to each other, will at the same time not place in the hands of the nursing profession a power to work independently of, and even in opposition to, the general practitioner—only calling to him when there is danger of a death certificate being required or a major operation being needed.

My suggestions, therefore, are:

1. That a central committee or Board should be formed, with the constitution of which this letter is not concerned, merely suggesting that all parties should be fairly represented, and that the Board should be responsible for efficient working to some Governmental department.

2. That registration of nurses should take place only through some hospital or nursing institution. (Herein-after the word "institution" implies either or both.)

That any institution wishing to have the right to grant certificates (which certificate should give the nurse the right to get herself registered) should send an application to the Central Board, together with a fee of £5 or £10 or other fixed sum. The application should also be accompanied by certain information in regard to number of beds, character of instruction given to nurses, length of training required, sets of examination questions set to nurses, etc.

The Board may then grant to such institution a certificate which shall give power to that institution to confer certificates of registration. Certificates from the Board to the institutions shall be of three classes for general work and two classes each for infectious and lunacy work, and nurses registered by each institution shall be registered only in the class corresponding to the certificate which their hospital holds.

The Board shall (by means of subcommittee) pay occasional visits to institutions holding their certificates, and shall require (if they think fit) sets of examination papers, and even the actual answers given, to be submitted to them occasionally.

If the Board does not consider the institution applying to be up to a standard suitable for certificate, the Board shall refuse it and return a portion of the fee paid. The institution shall have the right to apply again every twelve months.

If the Board is doubtful as to whether an institution should receive such certificate, or is doubtful which class of certificate to give, it may appoint a subcommittee to visit that institution; after their report the Board shall give or refuse a certificate.

3. Any nurse who, at the end of her training, receives a certificate from such institution shall be entitled, on payment of a fee—say, 10s. per year—to have her name registered in the *Nurses' Register* under the class in which she holds a certificate, and with the name of her hospital added after her name.

I would also desire—though it sounds at first impossible—that some arrangement could be made whereby any medical practitioner could—if he wished to do so, and was prepared to pay some settled fee to show his bona fides—report to her hospital any nurse who, in his opinion, had systematically interfered with his practice either by taking certain minor cases, by giving medical advice, or in other ways. I would like to see some rule which would render the nurse liable to have her certificate removed or suspended if it was proved that she had been guilty of such interference with another profession—a profession from which that same nurse, it must be remembered, has learned all the medical knowledge she possesses; but, at the same time, I would also have established an exceedingly heavy penalty against any medical man who, having brought such a charge, is unable to substantiate it, at least so far as to show him justified in bringing it. There is no doubt that if a charge of this sort was made by a doctor against a nurse to the hospital from which she was registered, that hospital, for its own good name, would strictly investigate the case, and if either party was still dissatisfied, appeal could be made to the Board, who would have power to deal with the dispute and to inflict punishment, if they thought fit, upon any one or more of the parties—upon the general practitioner, if he be shown to have brought a malicious or unfounded charge; upon the nurse, if she be proved to have done wrong; and upon the hospital, if it has not dealt justly in the matter